as something that cannot be replicated. They do not believe the experience of visitors will be diminished by the weathering and deterioration that come over time. They believe it is a symbol that should be considered in the same vein as other imperfect symbols of our heritage such as the Liberty Bell and the Star Spangled Banner, the flag that inspired our national anthem.

It is important to note that the Capitol Building and the White House are other well-known and well-loved American icons that have developed cracks and other flaws in their building materials, but no one is suggesting that they be torn down and replaced with replicas.

It is also important that, as we consider replacing the monument at the Tomb of the Unknowns, we acknowledge that it is the stated position of our Government under Executive Order 13287, signed by President Bush on March 3, 2003, that the Federal Government will provide leadership in the preservation of America's heritage.

Our amendment does not preclude the Secretaries from replacing the monument at the Tomb of the Unknowns in the future, but seeks to ensure that we move with great caution before making any decisions that would irrevocably affect this national treasure. I urge all of my colleagues to support this amendment.

Mr. WARNER. Madam President, I believe our colleague from Indiana, under the UC, has now some 30 minutes; is that correct?

The PRESIDING OFFICER. That is correct.

Mr. WARNER. Madam President, I see our colleague from Massachusetts. Does he wish to put a formal request before the Chair with regard to his desire to address the Senate?

The PRESIDING OFFICER. The order is to recognize the Senator from Massachusetts following the Senator from Indiana.

Mr. KENNEDY. Madam President, I thank the Senator from Virginia. I see the Senator from Indiana on his feet, as well as my friend and colleague from Wyoming. I know the Senator from Indiana is eager to continue the discussion on the substance that has been raised this morning. I was wondering if we might have a very brief period of time, Senator ENZI and myself, to describe an extremely important piece of legislation that passed last evening, on a voice vote. It is very important in terms of the health of the country. We want to be able to speak briefly on that issue.

I am wondering if the Senator from Indiana would yield 5 minutes to the Senator from Wyoming and myself.

Mr. WARNER. Madam President, first, we would want to consult before that UC is given——

The PRESIDING OFFICER. An order already exists.

Mr. WARNER. With the Senator from Indiana, who I think has been waiting about an hour and a half.

Mr. LUGAR. Madam President, I thank the distinguished Senator from Virginia for raising the question. As a courtesy to my distinguished colleagues, I will be pleased to yield for the time requirements they have and then I will proceed after they have concluded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WARNER. Madam President, I thank the Chair's inviting comment. Let us make it clear that I believe the UC, as structured, would be the Senator from Massachusetts will have 5 minutes, the Senator from Wyoming will have 5 minutes, and then the 30 minutes allocated to the Senator from Indiana will start.

The PRESIDING OFFICER. That is the Chair's understanding.

Mr. WARNER. Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. First of all, Madam President, I thank my friend from Indiana, who is so typically gracious and understanding to his colleagues. We will be very brief. If the matter was not of such importance, we would not trespass on the Senator's time.

Madam President, I ask the Chair to let me know when I have 1 minute left.

The PRESIDING OFFICER. I will, Senator.

Mr. KENNEDY. I thank the Chair.

FOOD AND DRUG ADMINISTRATION REFORM LEGISLATION

Mr. KENNEDY. Madam President, every day, families across America rely on the Food and Drug Administration in ways they barely realize. When they put dinner on the table, they are counting on FDA to see that it is free from contamination. When they care for a sick child, they are trusting FDA to make sure the drugs prescribed are safe and effective. From pacemakers to treatments for cancer to the foods we eat, FDA protects the health of millions of Americans, and oversees products that account for a quarter of the U.S. economy. The agency does all this on a budget that amounts to less than two cents a day for each citizen.

An agency that does so much so well deserves to be supported and strengthened. Yet too often, the opposite has been true. FDA's vital mission has been jeopardized by inadequate resources, occasionally insufficient legal authority, and absent leadership.

Americans are worried about the safety of the products they use—from food to toys to drugs—and they are right to be worried. Dangerous lapses in safety oversight have exposed American families to intolerable risks from lead paint in toys, to bacteria in foods, to drugs that cause unreported and lethal side effects. The right response is comprehensive, considered and bipartisan legislation—and that is what the Senate has approved.

The prestigious New England Journal of Medicine editorialized earlier this year that the bill was ''the most important drug-safety legislation in a century.''

Earlier this week, the House of Representatives approved this bipartisan measure by a broad bipartisan margin of 405 to 7. Our House colleagues from all parts of the political spectrum united to send that bill to the Senate with a resounding bipartisan endorsement. I am pleased that the Senate did the same, sending that bill to the President with a unanimous voice of approval.

The stakes could not be higher. Funding for the FDA's vital safety mission has reached the breaking point. If we had not acted, the FDA Commissioner would have sent a letter today to over 2,000 employees informing them that their jobs were slated for termination.

Each of those individuals is a trained and experienced professional with many career options in academia or industry—yet each of them has made the decision to devote themselves to public service. If those talented public servants had left the agency, the consequences would have been with us for years—in terms of slower access to medicines for patients, weaker safety oversight and loss of America's competitive edge in the life sciences.

FDA has an urgent need for these funds. Its workload has increased massively in recent years but its resources have not kept pace. Since 1990, the number of adverse events submitted to the FDA has increased by over 1,300 percent, but the agency's resources have increased only 130 percent. The legislation provides over $400 million this year for the review of drugs and medical devices at FDA, and over $50 million for needed safety reforms to give these talented professionals the tools they need to do the job we are counting on them to do.

The bill before us is not just about resources—far from it. It is a strong and comprehensive measure to improve the safety of the medicines we rely on, and it takes important steps toward a safer food supply and less expensive prescription drugs.

At the heart of our proposal is a new way to oversee drug safety that is flexible enough to be tailored the characteristics of particular drugs, yet strong enough to allow decisive action when problems are discovered. For drugs that pose little risk, these actions might be as simple as a program to report side effects and a label with safety information—items that are currently required for all drugs. Drugs that raise major potential safety concerns might require additional clinical trials, a program to train physicians in using the drug safely, or a requirement that the prescribing physician have special skills.

A second major element of our legislation is a public registry of clinical trials and their results. A complete central clearinghouse for this information will help patients, providers and

researchers learn more and make better health care decisions. Now, the public will know about each trial underway, and will be able to review its results.

Our bill recognizes that innovation is the key to medical progress by establishing a new center, the Reagan-Udall Foundation, to develop new research methods to accelerate the search for medical breakthroughs. During the discussions that led to consideration of this bill, we heard time and again that there was a major need for better research tools to aid FDA in evaluating the safety of drugs and devices and help researchers move through the long process of developing these products more effectively.

If new research tools and better ways to evaluate the safety and effectiveness of drugs could be developed, patients will benefit from quicker drug development. If current procedures can be made more effective, then the cost of developing new drugs will drop.

The Reagan-Udall Foundation sets up a way to develop these new tools—not so they can help just one researcher or one company, but so they can help the entire research enterprise.

The bill helps preserve the integrity of scientific review by improving FDA's safeguards against conflicts of interest on its scientific advisory committees—not through a rigid policy that could deny FDA needed expertise, but though a flexible approach that will reduce the number of waivers given for conflicts of interest at FDA overall.

The bill also takes action on the abuse of citizens petitions. FDA has a commonsense policy to allow ordinary citizens or medical experts to submit petitions to the agency about drugs that it is considering approving. This procedure should be used to protect public health—but too often, it is subverted by those who seek only to delay the entry onto the market of generic drugs.

Even if the petitions are found to be meritless, they will have accomplished their mission—delaying access for consumers to safe and lower cost medicines. Some petitions do present legitimate public health concerns, and FDA should not ignore them. The critical test of any proposal on citizen petitions is that it strike a balance so that the abuse of citizens petitions is prohibited, but those petitions that have genuine safety information are reviewed.

The proposal the Senate approved strikes that balance. It rightly states that the mere filing of a citizen petition should not be cause for delay, but allows FDA to delay the approval of a generic application if it determines that doing so is necessary to protect public health. This is the right approach. It prevents abuse protects health.

The legislation also includes important reforms of direct to consumer, or DTC, advertising. I want to thank Senator ROBERTS and Senator HARKIN for working with Senator ENZI and me and with many members of the committee on this important provision.

Instead of the moratorium included in our original bill, the current proposal puts in place strong safety disclosures for DTC ads, coupled with effective enforcement. Under current law, safety disclosures can be an afterthought—a rushed disclaimer read by an announcer at the conclusion of a TV ad while distracting images help gloss over the important information provided. Our proposal requires safety announcements to be presented in a manner that is clear, conspicuous and neutral, without distracting imagery. We also give FDA the authority to require safety disclosures in DTC ads if the risk profile of the drug requires them.

Our legislation also takes important first steps toward a safer food supply. These are only first steps, and our committee will work on a comprehensive package of food safety legislation later in the fall—but they are important steps. Consumers and FDA have too little information about contaminated food. Our bill creates a registry and a requirement to report food safety problems. Consumers will have information about recalls at their fingertips, and FDA's response will not be slowed by antiquated and inefficient reporting systems. Our bill also establishes strong, enforceable quality standards for the food we give our pets, to guard against the problems of tainted pet food that we have seen in recent months.

In this new era of the life sciences, medical advances will continue to bring immense benefits for our citizens. To fulfill the potential of that bright future, we need not only brilliant researchers to develop the drugs of tomorrow, but also strong and vigilant watchdogs for public health to guarantee that new drugs and medical devices are safe and beneficial, and that they actually reach the patients who urgently need them. Congress has ample power to restore the luster the FDA has lost in recent years, and this bipartisan consensus bill can do the job. I congratulate my colleagues on approving this legislation, and look forward to working with them on its effective implementation.

The comprehensive legislation approved by the Senate is over 400 pages long, and it reflects important contributions from many, many of our colleagues.

My partner in this effort from Day One has been my friend and colleague from Wyoming, Senator MIKE ENZI. Our work on drug safety began when he chaired our committee and I was Ranking Member—and our work didn't miss a beat when our roles were reversed after last year's election.

I also commend Senator DODD, Senator CLINTON, and Senator ALEXANDER for the important contributions they made to bring new drugs to children. I regret that several of these important provisions were not included in the bill, but I will work with them to see if those worthwhile proposals can be included in other legislation.

Senator GREGG contributed important proposals on using health information technology to improve FDA's ability to detect drug safety problems. No drug is free from risk, and FDA needs the best possible methods to detect unexpected risks as quickly as possible.

No Senator is more justly proud of the good work that FDA does than Senator MIKULSKI. Her state of Maryland has two of the great jewels of the federal government—the National Institutes of Health and the Food and Drug Administration, and her proposals to increase the transparency of FDA operations were included in the bill.

Senator HATCH and I have worked together on the life sciences for many years. Whether the issue is stem cells or biologics or the FDA itself, Senator HATCH is always at the forefront of the debate—and the bill includes important provisions he offered to accelerate the development of new cutting-edge drugs.

The proposal on citizens petitions in this legislation is a true bipartisan effort—uniting Senators STABENOW, BROWN, LOTT, HATCH and THUNE. These Senators were deeply committed to this proposal, and they participated actively in the final negotiations on the bill.

Senator ROBERTS and Senator HARKIN collaborated productively to develop an effective and workable proposal on direct-to-consumer advertising that both protects consumers and respects the Constitution.

A number of other colleagues also made major contributions to this bipartisan achievement. Senator OBAMA offered provisions on genetic testing. Senator REED contributed a proposal on the safety of tanning beds. Senator BROWN and Senator BROWNBACK came up with new and thoughtful incentives for new treatments for neglected tropical diseases. Senator DORGAN contributed provisions on counterfeit drugs. Senator ROCKEFELLER added provisions to increase reporting on authorized generics, and Senator COBURN contributed provisions to allow FDA to restrict the use of approved medicines only when the drug cannot otherwise be prescribed safely.

I especially commend Senator RICHARD BURR. No Senator is more committed to the search for innovations in the life sciences than he is. Senator BURR and his staff were skillful and tireless in their support for strong measures in the bill to see that FDA has the resources it needs to review new drugs quickly and effectively. No Senator worked harder to see that our deliberations on this bill were successful.

Finally, I thank our colleagues from the House of Representatives. Chairman JOHN DINGELL of the Energy and Commerce Committee and Chairman FRANK PALLONE of the Health Subcommittee steered this legislation

through the House. They worked in close partnership with the Ranking Members, Representative JOE BARTON and Representative NATHAN DEAL. Other House members made major contributions to the bill, as well, and I particularly commend Representatives HENRY WAXMAN and ED MARKEY for their leadership

Finally, I thank the dedicated staff members who worked so long and hard and well on this legislation:

Shana Christrup, Amy Muhlberg, Keith Flanagan, and Dave Schmickel from Senator ENZI's office; Liz Wroe with Senator GREGG; Jenny Ware with Senator BURR; Tamar Magarik and Jeremy Sharp with Senator DODD; Ann Gavaghan with Senator CLINTON; John Ford, Bobby Clark, Ryan Long and John Little of the House Energy and Commerce Committee; and my own staff: David Dorsey, David Bowen and Michael Myers.

They all spent long hours over many months on the many complex provisions in this bill. Our efforts could not have been successful without them, and millions of Americans will benefit from their ability and dedication in the years ahead.

I thank the Chair and thank the Senator from Indiana for his courtesies.

The PRESIDING OFFICER. The Senator from Wyoming is recognized.

Mr. ENZI. Madam President, I thank you, and I especially thank the Senator from Indiana who has been waiting an hour and a half to speak and was kind enough to let us fit into the schedule. We needed to do this because so often around here, when something is done in such a bipartisan manner that it passes unanimously, nobody ever hears about it.

This isn't something we are trying to force through, this isn't something that there are a lot of arguments about, but it is something essential to the American people: their food and drug safety. We are the best country in the world at doing it. We can do it better. This bill lets us do it better. Is it a perfect bill? That never happens around here. Is it a big victory for patients and children? Absolutely.

This actually incorporates four reauthorizations and one massive reform. We take care of a lot of things in this package that normally would take a lot of hours on the floor, but because of the participation from both sides of the aisle, and from everybody intensively on the committee, we were able to put together a bill that solves a lot of problems.

The FDA's choice before was to pull a drug off the market or to leave it on. If it had some kind of a problem that could be solved some simple way, it wasn't an option; pull it off or leave it on. We gave them a toolbox, a whole bunch of different things that they can now do so that drugs will be approved faster, and then when that clinical trial that we call the whole population of the United States kicks in, there is a mechanism for following all of those and finding small samples of problems, solutions to those small samples of problems, and the drug that is working for people across this Nation doesn't have to be pulled off the market. It can still work for the people who aren't affected by an adverse reaction. That is a major change we have been able to make.

I wish to thank all the people involved, particularly the people on the committee who took separate parts of this and dug into it and came up with solutions—not solutions that would polarize us but solutions that would bring us together. The American people don't get to hear much about the solutions that bring us together. They get to hear hour after hour after hour of the things that have been polarized and that drive us apart. I want them to know there are things that get solved around here such as food and drug safety, a big thing for this country. It was done, and it was done unanimously. Now that means the House's version that was negotiated with the Senate's version was put together in such a way that we agreed with it. America needs to know that.

The FDA is the gold standard among public health regulators the world over. For the past century, the FDA has protected the public—from filthy conditions in meatpacking plants to thalidomide, which caused thousands of birth defects in Western Europe. The FDA's constant vigilance is something we have come to depend on every day to protect us and our children.

Beginning in January 2005, the Senate Committee on Health, Education, Labor and Pensions conducted a top-to-bottom review of the FDA's drug safety and approval processes. Given the limitations we identified during our review of FDA, I strongly felt it was necessary to correct those problems and ensure that FDA has the right tools to address drug safety after the drug is on the market. New authorities were clearly needed, and H.R. 3580, the Food and Drug Administration amendments of 2007, provides those authorities.

The changes made in the drug safety components of this legislation are critical to restoring peace of mind to Americans who want to be assured that the drugs they take to treat illnesses and chronic medical conditions can be relied upon and trusted. The broad new authorities in this legislation are the most significant change to FDA in at least a decade. The sweeping new authorities provided by this bill will only strengthen the agency's ability to safeguard the American people.

This bill gives FDA a full toolbox of options for dealing with potential safety problems, even if they are discovered after a drug is first marketed. FDA will be able to proactively react to additional safety information whenever that safety information is discovered, even after the drug is on the market. FDA will have the ability to identify side effects through active surveillance, and the authority to request a study or clinical trial to learn more about a potential safety problem. But perhaps most significantly, FDA will be able to obtain timely label changes in response to that safety information.

The label is the most important communication mechanism for patients and providers about a drug's benefits and risks. Patients and doctors need to know that they can rely on the drug label for accurate information. To ensure that science is the guiding principle for all information with the drug label, the FDA must be the sole arbiter of what is and is not in the label. This legislation provides one strong, clear pathway to update a drug label in response to new information. We rely on FDA to get the label right, and this bill provides broad authority to do that, significantly strengthening FDA's hand in securing changes to the label. By providing this single, expedited pathway for safety labeling changes, it is clear that Congress intends there to be one standard for protecting all Americans the FDA gold standard. We should not be second-guessing the FDA and its science-based decisions but continuing to rely on the agency to provide accurate information regarding a drug's benefits and risks.

I thank the Senator from Indiana for letting us take a few minutes to voice this so there would be some knowledge out there of something happening that is good and in a bipartisan way and gets accomplished. I wish I had time to name all the people and the contributions they made to this. I hope people will take a look at the record and see all of these people, not just Senators, not just House Members, but the staffs who worked on this overtime, for hours at night, for hours on the weekend, to be able to resolve it by today. Why is today important? Because if we didn't get this finished today and assure that the companies which help fund the efforts of the FDA would come in, there would have had to be RIF notices to about 2,000 Federal employees today who would be laid off. So we were up against a tight time deadline and we met the time deadline and did it in a very bipartisan way.

Mr. GREGG. Madam President, I rise today to speak about the passage of the Food and Drug Administration Amendments of 2007. This bill includes the reauthorizations of the Prescription Drug User Fee Act, PDUFA, and the Medical Device User Fee and Modernization Act, MDUFMA, both of which provide an essential source of funding to the FDA to ensure faster review times and enhanced patient access to safe and effective drugs and devices.

The bill also reauthorizes two programs that have had a great impact on the safety of medicines for children. I support the reauthorization of the Best Pharmaceuticals for Children Act, BPCA, and the Pediatric Research Equity Act, PREA, in particular the provision that maintains the current 6 months of data exclusivity provided under current law to create a meaningful incentive for drug manufacturers to

perform pediatric safety studies. It is because of the great success of these two programs that I am pleased that the bill requires both programs to be reauthorized together in 2012. This joint sunset date allows for further reauthorizations to continue balancing the incentives and authorities that drive pediatric study.

Most of all, I am pleased that the drug safety portion of the bill contains provisions from my Safer DATA Act. This language requires the FDA to establish and maintain an active surveillance infrastructure to collect and analyze drug safety data from disparate sources, such as: adverse events reports, Medicare Part D and VA health system data, and private health insurance claims data. The private sector and many academic institutions have had these capabilities for years. With this legislation, the FDA will finally have access to the best information possible.

The legislation also directs the FDA to establish drug safety collaborations with private and academic entities to perform advanced research and further analysis of drug safety data once the surveillance system detects a serious risk.

And finally, to enhance risk communication, the language establishes a one-stop shop web portal to give patients and providers better access to drug safety information, including aggregate information from the surveillance system.

I congratulate Senator KENNEDY and Senator ENZI for their support of the inclusion of this provision and for their efforts to get this bill finalized before the September 21 deadline.

We have consistently heard from HHS Secretary Leavitt and Commissioner Von Eschenbach over the past few months that if we failed to complete the reauthorizations of PDUFA and MDUFMA by September 21, they would be required to issue reduction-in-force—RIF—notices to FDA drug and device reviewers—the key staffers who are on the front lines of ensuring the safety and efficacy of FDA approved products. In 1997, when Congress failed to reauthorize PDUFA on time, the 1 month delay caused departures to the extent that it took 18 months for FDA to return to full staffing levels. Not only would the issuance of RIF notices this year have affected nearly 2,000 FDA employees and their families, but it would have essentially obliterated the ability of the agency to fulfill its public health mission.

So it may be surprising to some, that the key obstacle to finishing this bill over the last few weeks was the House Democratic leadership's insistence on a provision that they included on behalf of their most precious constituents—not the FDA employees, not the scientists, not even the patients, but the trial lawyers.

Yes, included deep in section 901 of this bill is a one-sentence rule of construction that makes the obvious statement that, notwithstanding the new authority granted to the FDA under this bill to require labeling changes; it is the responsibility of the drug company to comply with other regulatory requirements regarding the drug's label. This so called ''gift to the trial lawyers'' merely restates current law, and is not such a gift at all. Regardless of whether or not the drug company or the agency initiates a labeling change, it is the FDA that continues to have the express authority to approve, reject or modify the labeling of a drug.

Not only is this rule of construction meaningless, but it pales in comparison to the expansive authority given to the FDA throughout the rest of the bill's 422 pages. What this bill does at the majority's insistence is expand the reach of the FDA's regulatory authority over prescription drugs, devices, food, and even tanning beds.

In addition to the bill's many other provisions, section 901 gives the HHS Secretary explicit authority to request certain safety labeling changes. If the Secretary becomes aware of new safety information that the he or she believes should be included in the labeling for a drug, the Secretary may notify the drug company and begin a process to modify the label.

Under existing preemption principles, FDA approval of labeling under the Food, Drug, and Cosmetic Act preempts conflicting or contrary State law. The determination of whether or not labeling revisions are necessary is, in the end, squarely and solely the FDA's. Given the comprehensiveness of FDA regulation of drug safety, effectiveness and labeling under the Food, Drug, and Cosmetic Act, additional requirements for the disclosure of risk communication do not necessarily result in positive outcomes for patients, but create differing standards that heighten confusion.

If we had intended through this legislation to give State courts and State juries the authority to second guess the scientific expertise of the FDA, we would have done so. In fact, based on the totality of the bill's 422 pages we have done the opposite. The intent of this legislation is explicitly clear. One FDA. One gold standard. One expert Federal agency charged by Congress with ensuring that drugs are safe and effective and that product labeling is truthful and not misleading.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. LUGAR. Madam President, I unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

U.S. LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA ACT

Mr. LUGAR. Madam President, I rise today to discuss S. 1966, a bill that I introduced last month to reauthorize the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003—known as the Leadership Act. Under the Leadership Act, the American people have catalyzed the world's response to the HIV/AIDS epidemic. It is not often that we have an opportunity to save lives on such a massive scale. Yet every American can be proud that we have seized this opportunity. My message to Senators today is a simple one: let's agree that we should sustain this success, and let's move now to pass a reauthorization bill.

I believe that Congress should reauthorize the Leadership Act this year, rather than wait until it expires in September 2008. Partner governments and implementing organizations in the field have indicated that, without early reauthorization of the Leadership Act, they may not expand their programs in 2008 to meet the goals that we set for the President's Emergency Plan for AIDS Relief also known as PEPFAR. These goals include providing treatment for 2 million people, preventing 7 million new infections, and caring for 10 million AIDS victims, including orphans and vulnerable children.

Many partners in the fight against HIV/AIDS want to expand their programs. But to do so, they need assurances of a continued U.S. commitment beyond 2008. We may promise that a reauthorization of an undetermined funding level will happen eventually—but partners need to make plans now if they are to maximize their efforts. Today, they have only a Presidential proposal, not an enacted reauthorization bill. This is an important matter of perception, similar to consumer confidence. It may be intangible, but it will profoundly affect the behavior of individuals, groups, and governments engaged in the fight against HIV/AIDS.

I recently received a letter from the Ministers of Health of the 12 African focus countries receiving PEPFAR assistance. They wrote:

> Without an early and clear signal of the continuity of PEPFAR's support, we are concerned that partners might not move as quickly as possible to fill the resource gap that might be created. Therefore, services will not reach all those who need them. . . . The momentum will be much greater in 2008 if we know what to expect after 2008.

I realize that a PEPFAR reauthorization bill will face a crowded Senate calendar this year. But maintaining the momentum of PEPFAR during 2008 is a matter of life or death for many. Part of the original motivation behind PEPFAR was to use American leadership to leverage other resources in the global community and the private sector. The continuity of our efforts to combat this disease and the impact of our resources on the commitments of the rest of the world will be maximized if we act now.

Although the Leadership Act is an extensive piece of legislation, I believe that Congress can reach an agreement expeditiously on its reauthorization. Most of its provisions are sound and do